CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYPE		LENTITY		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							RATE		FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE		OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20=		•		X\$ 25= '		,	OR	X \$ 50=	
INDEPENDENT CLARAS			minus 3 =		•		X100≈			OR	X200=	,
		DENT CLAIM PE	ll		L							
				<u> </u>	.01:- 0	olumu 2	L	BO=	ļ	OR	L	
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		(Column 1)		(Colur T HIGH		(Column 3)	7,,,		ADDI:	1		ADDI
٨		CLAIMS REMAINING		MUM	BER	PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONA
AMENOMENT		AFTER AMENDMENT		PREVIO		EATRA			FEE			FEE
	Total	.36	Minus	3	9	جہ :	X\$	25=	-	OR	X\$50=	
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ã:	FIRST PRESE	NTATION OF MU	JUTIPLE DE	PENDENT	CLAIM		+15	30=		OR	+360=	 - ·
						-	<u> </u>	OTAL		1	TOTAL ADDIT. FEE	
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AMENDMENT B		REMAINING		- NUM		PRESENT	RA	TE_	TIONAL.		- RATE	TIONA
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<u></u>		AFTER		PAEVIO	OUSLY	EXTRA	. RA	.IE .	TIONAL FEE	•	HATE	<u>FE</u>
MENDMENT C		AMENDMENT	Minus	- PAID	, 01.			25 <i>=</i>		FIC	X\$50=	
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